Page
2
2

₹ ⊠	Yes	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, trans st consulted w	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on I
N _o ⊠	Yes	sclosed. Have you	d certain other "excepted trusts" need not be dis	on Ethics and dependent chi	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
SNC	UESTIO)F THESE Q	MATION — ANSWER EACH OF THESE QUESTIONS	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
nd the sponse.	wered al	must be ans	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. Yes
No X	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No No	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
] No ⊠	Yes	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	S S	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.
] No	Yes X	d receive any in the reporting e)?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	₹	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
] No X	Yes	d receive any gregating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	N _S	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. Yes
			E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS
be assessed es more than	ity shall the who file	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Termination	Employee	Status House of Representatives District: 34 Report Annual (May 16, 2011) Amendment
ERED	ELJX,	HAND DELLIX, ERED			
U.S. BOUSE OF REPRESENTATIVES M		•	Daytime Telephone: 202-225-5811	Daytime 1	Name: EXTON GALLESLY
9: 28	2011 MAY 12 AM 9: 28	2011 HAY			
E CENTER	'E RESOURCI	LEGISLATIVE RESOURCE CENTER	Form A For use by Members, officers, and employees	MENT	CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

	Name
***************************************	ELTON
1	GALLEGRY

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Туре	Amount
	Approved Teaching Fee	\$6,000
	Legislative Pension	\$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
	Spouse SALARY	N/A
GALLEGRY FOR MORRESS	Spouse SALARU	<i>\</i>
	(,

Asset and/or Income Source

BLOCK A

more than \$200 in "unearned" income during the year. of income with a fair market value exceeding \$1,000 at reportable asset or sources of income which generated the end of the reporting period, and (b) any other Identify (a) each asset held for investment or production

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

value at the end of the reporting period. the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (i.e., plans in which you have For all IRAs and other retirement plans (such as 401(k)

For rental or other real property held for investment, pro-vide a complete address.

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tion in Block A. ness, the nature of its activities, and its geographic locathat is not publicly traded, state the name of the busi-For an ownership interest in a privately-held business

Savings Plan. from, a federal retirement program, including the Thrift accounts; and any financial interest in, or income derived ing \$5,000 or less in a personal checking or saving income during the reporting period); any deposits totalhomes and vacation homes (unless there was renta Exclude: Your personal residence, including second

income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. If you so choose, you may indicate that an asset or

please refer to the instruction booklet. For a detailed discussion of Schedule III requirements,

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

\$500,001 -- \$1,000,000

\$1,000,001 - \$5,000,000

\$5,000,001 **-- \$**25,000,000

\$25,000,001 - \$50,000,000

EXCEPTED/BLIND TRUST

Over \$50,000,000

NONE

RENT

DIVIDENDS

INTEREST

CAPITAL GAINS

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DC, Examples

Simon & Schuster 1st Bank of Paducah,

Indefinite

Mega Corp. Stock

Simi

ALLEY 14 ARTA

43065 PELE

1441

1791

RRINGER

2000

KY Accounts

TIMIC

AKKEY

3

43065

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SANTANELLA

URAGE, CA

TRUS1

Value of Asset

BLOCK B

please specify the method used. method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close of

generated income, the value should be year and is included only because it If an asset was sold during the reporting "None."

> if the asset generated no inco disclosed as income. Chec gains, even if reinvested, i

ing the reporting period.

Type of Income BLOCK C

Dividends, interest, and may check the that generate tax-deferred you to choose specific invest retirement accounts that do i Check all columns that apply. (such as 401(k) plans or IR "None" Ş

BLOCK D

BLOCKE

Amount of Income Indicate if the Transaction

				:			Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		at apply. For t do not allow vestments or vestments or red income or IRAs), you or IRAs, you ne" column. and capital led, must be Check "None" o income dur-
N. M.									None	_	you that as the indiche che eve
3	L								\$1 - \$200	#	you to classify you that gene as 401(k) as 401(k) as 401(k) and indicate checking Dividend even if reas incon as incon was earn
`	\times								\$201 – \$1,000	=	For retireme you to choo that generate that 401(k) plates 401(k) even indicate the indicate the checking the Dividends, leven if rein as income.
								×	\$1,001 \$2,500	₹	reor retirement accounts in you to choose specific is that generate tax-deferred as 401(k) plans or IRAs), the "None" column. For a indicate the category checking the appropriation of the indicate indicate as income. Check "None as income. Check "None was earned or generated.
							Ĺ		\$2,501 – \$5,000	<	accounts e specific tax-deferred tax-deferre
		><				×			\$5,001 - \$15,000	S	IRA Propropropropropropropropropropropropropr
			×	×	×		-		\$15,001 - \$50,000	≦	ror retriement accounts triat do not allow you to choose specific investments <u>or</u> that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
				1 1 1					\$50,001 - \$100,000	¥	ino lino lino lino lino lino lino lino l
							×	-	\$100,001 - \$1,000,000	×	tr do not allow vestments of income (such ou may check other assets, income by box below apital gains, be disclosed if no income
									\$1,000,001 ~ \$5,000,000	×	or allow ants or allow ants or allow ants or allow check assets, asset
									Over \$5,000,000	×	iow ieck ets, by by ome
								S (partial)	asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	If only a portion of an	asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

REPRESENTS SPOUSES

DYNAMIC

CHASE BANK

FORMERLY BY! PAMARILAO

660 LOS/MÉELESHUE, MANI

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KANCHO ンジ

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INHERITANCE

SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)

Name ELTON GALLEGRY

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			STRAFFIC	mey Cours	\$															Other Type of Income (Specify: e.g., Partnership Income or Farm Income))me	ů ĉ
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SCHEDULE V— LIABILITIES

Name Extan GALLEGLY Pag

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000

	F	JT	TT		J Q S		
	METLIFE HOME LOANS (FORMERLY AM TRUSTOBUE) MORTONELLA, KANDA	HO. BOX 2838 TOBRANICE CA	G.O BOY 2838 TERRANCE CA 9/2009	Example: First Bank of Wilmington, DE	Creditor		
	5/2009	8/2009	9/2009	May 1998	Incurred Mo/Year	Liability	7
	12 VIA SANTANELLA, RANCHO MIR	MORTENSE CIRCLE SIMI VA	MORTHAGE 1791 ERAINGER, Simi VALGY	Mortgage on 123 Main St., Dover, DE	Type of Liability		
		6			\$10,001- \$15,000	>	
					\$15,001- \$50,000	В	
	ļ		ļ		\$50,001- \$100,000	c	
				×	\$100,001- \$250,000	D	Amo
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			ļ		\$500,001- \$1,000,000	T	Amount of Liability
					\$1,000,001- \$5,000,000	G	lty
				_	\$5,000,001- \$25,000,000	Ξ	
				_	\$25,000,001 \$50,000,000		
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SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
NONE		

	Name
	EXTON SALLEGRY
1	P.

Page 6 of 6

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor

or were paid by you and reimbursed by the sponsor. **Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Examples: CHINESE CHIMARD UNIVERSITY Roycroft Corporation Chicago Chamber of Commerce Source 11-4 4 11-11 Aug. 6-11 Date(s) Mar. 2 LA-TAR-1-LA City of Departure—Destination— City of Return DC-Los Angeles-Cleveland DC—Chicago—DC Lodging? (Y/N) z ≺ Food? (Y/N) ≺! z Was a Family
Member Included?
(Y/N) Z Number of days not at sponsor's expense NONE 2 Days None